



STATE REPRESENTATIVE  
**KRISTEN DEXTER**

WISCONSIN STATE ASSEMBLY

68TH DISTRICT

**Testimony from Representative Kristen Dexter  
December 1st, 2009**

**Committee on Public Health  
In Support of Assembly Bill 488**

Mr. Chairman, Committee members, thank you for convening today to hold this hearing on Assembly Bill 488, relating to the newborn hearing screening test.

This legislation will allow Wisconsin to join the 35 other states that currently require that all newborns, born in a hospital, at home, or in a birthing center, receive a hearing screening test.

The bill requires physicians, nurse-midwives, or certified professional midwives who attend a birth to arrange for infants to be tested before hospital discharge, or within 30 days of the birth if the infant was not born in a hospital, to determine if the infant has hearing loss.

Left undetected, hearing impairments in infants can negatively impact speech and language acquisition, academic achievement, and social and emotional development. If detected early, however, these negative impacts can be diminished and even eliminated through intervention.

Research shows that early intervention in children with hearing loss can provide a savings of \$5,000 - \$10,000 per child per year in reduced or eliminated special education services and a savings of about \$1 million per person over a lifetime.

Since this bill's introduction, my office has been in contact with the Department of Health Services, the State Lab of Hygiene and many interested groups, some of whom are here today in support. As DHS will soon testify there are some changes that need to be made to the way AB 488 was drafted.

These changes will have minimal effect on the intent of the legislation that I just described, and are intended to move the bill language from a statute directing the State Lab of Hygiene to a statute directing DHS. I am happy to be working with the Department to make these necessary changes and I hope to have a substitute amendment for the committee soon.

I would also like to thank the March of Dimes and Senator Lassa for their work on this legislation. Again, thank you for convening today and I hope that we can work together to pass Assembly Bill 488.



State of Wisconsin  
Department of Health Services

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Jim Doyle, Governor  
Karen E. Timberlake, Secretary

Assembly Committee on Public Health  
AB 488

December 1, 2009

Rachel Currans-Sheehan, Legislative Liaison  
Dr. Sharon Fleischfresser, Medical Director,  
Children and Youth with Special Health Care Needs Program

Chairman Benedict and members of the committee, thank you for the opportunity to testify on this important piece of public health legislation. Approximately 3 in 1,000 babies are born with permanent hearing loss, making hearing loss one of the most common birth defects in America.<sup>1</sup>

The Department of Health Services supports newborn hearing screening, early diagnosis of hearing loss, reporting, tracking, and early referral to intervention programs.

- Not all newborns are currently screened for hearing loss. *AB 488 will move Wisconsin closer to our goal of 100%.*
- Of those babies currently failing the initial screening, approximately half are lost to follow-up before they receive early confirmation of hearing loss and enter into early intervention programs. *AB 488 will facilitate an improved reporting diagnosis, tracking, and referral system to establish appropriate follow-up care and linkages between hearing screening, early intervention services, and a seamless transition into the education system.*

Late identification of hearing loss or lack of early intervention services can negatively impact speech and language development, academic achievement, and social-emotional development.<sup>3</sup>

Newborn hearing screening has become the standard of care in the United States. Since the initiation of newborn hearing screening and Early Hearing Detection and Intervention (EHDI) programs in the late 1990s, the average age confirmed hearing loss has decreased from 2-½ years to 2-3 months of age.<sup>5, 6</sup>

- The US Preventive Services Task Force recommends screening for hearing loss in all newborn infants (Grade B recommendation).<sup>7</sup>
- The 2007 Joint Committee on Infant Hearing Statement recommends all infants:
  - be **screened at no later than 1 month** of age;
  - those who do not pass screening should have a comprehensive **audiological evaluation at no later than 3 months** of age;
  - those with confirmed hearing loss should receive **appropriate intervention at no later than 6 months** of age from health care and education professionals with expertise in hearing loss and deafness in infants and young children.<sup>8</sup>

In 2008, of the 70,866 records in WE-TRAC (Wisconsin Early Hearing Detection and Intervention Tracking Referral and Coordination), the Wisconsin Early Hearing and Detection and Intervention (EHDI) data collection and tracking system, see attached chart:

- 68,766 (97%) passed screening by one month of age;
- 1,341 (1.9%) were not screened (1,065 of these were not screened for a variety of reasons not including deceased or parental refusal); and
- 759 infants did not pass.

Among the 759 infants who did not pass the newborn hearing screening:

- 301 infants were eventually found to have normal hearing;
- 89 infants were diagnosed with a hearing loss; and
- 369 (49%) were lost to follow up or documentation

Among the 89 babies diagnosed with a hearing loss

- 48 (54%) were lost to follow up;
- 40 (45%) were enrolled in Birth to 3; and
- 1 parental refusal.

While DHS supports the concepts and goals in the legislation, we feel that several points in the current draft legislation must be clarified and redrafted into Section 253.115.

First, the Wisconsin State Laboratory of Hygiene (WSLH) and the Department of Health Services (DHS) have a long and strong history of working in partnership on the Congenital Disorders program, which performs central testing at WSLH of metabolic diseases from the newborn blood spot.

Both agencies supports all of the concepts and principles of the newborn hearing screening legislation, including the coordination of a fee for newborn hearing screening from the Congenital Disorders program (ss. 253.13) that will cover data collection and tracking, confirmation of hearing loss services, and referral to follow up services.

However, as this bill impacts the newborn hearing screening program, DHS and the WSLH would like to see that the proposed language (and/or its intent) be inserted into existing ss.253.115 **Newborn hearing screening programs** as opposed to the current draft impacting ss.253.13: **Tests for congenital disorders**.

Second, DHS suggests that the definition of hearing screening defined in AB 488 in ss. 253.13(1g)(b) be amended when inserted into ss. 253.115 to include:

- 1) physicians' and nurse midwives' responsibility in getting the infant tested before hospital discharge should fall within the "assurance" role rather than in an "arrange for testing" role
- 2) change language from "testing" to "screen for hearing loss"
- 3) include language to "screen all newborns prior to discharge or within 30 days if home birth"
- 4) include language to advise parents of results and provide information on available resources;

The definition would read as follows: The physician, nurse-midwife licensed under s. 441.15 or certified professional midwife licensed under s. 440.982 who attended the birth shall *assure that the infant be screened for hearing loss before discharge or within 30 days of birth if the infant was not born in a hospital*. The physician, nurse-midwife, or certified professional midwife who

attended the birth shall ensure the parents or legal guardian of the infant are advised of the hearing test results, and shall provide information on available resources.

Third, DHS recommends including the definitions for diagnostic services and follow up services in statute:

**Diagnostic services:** confirmation of the presence of hearing loss

**Follow up services:** referral to the state's intervention programs (which will be listed, described, and updated as appropriate on the DHS website, not in administrative rule)

Fourth, DHS recommends that the bill include reporting to the department noting, at least, but not limited to, the following items: screening results, risk factors, diagnostic results, referrals.

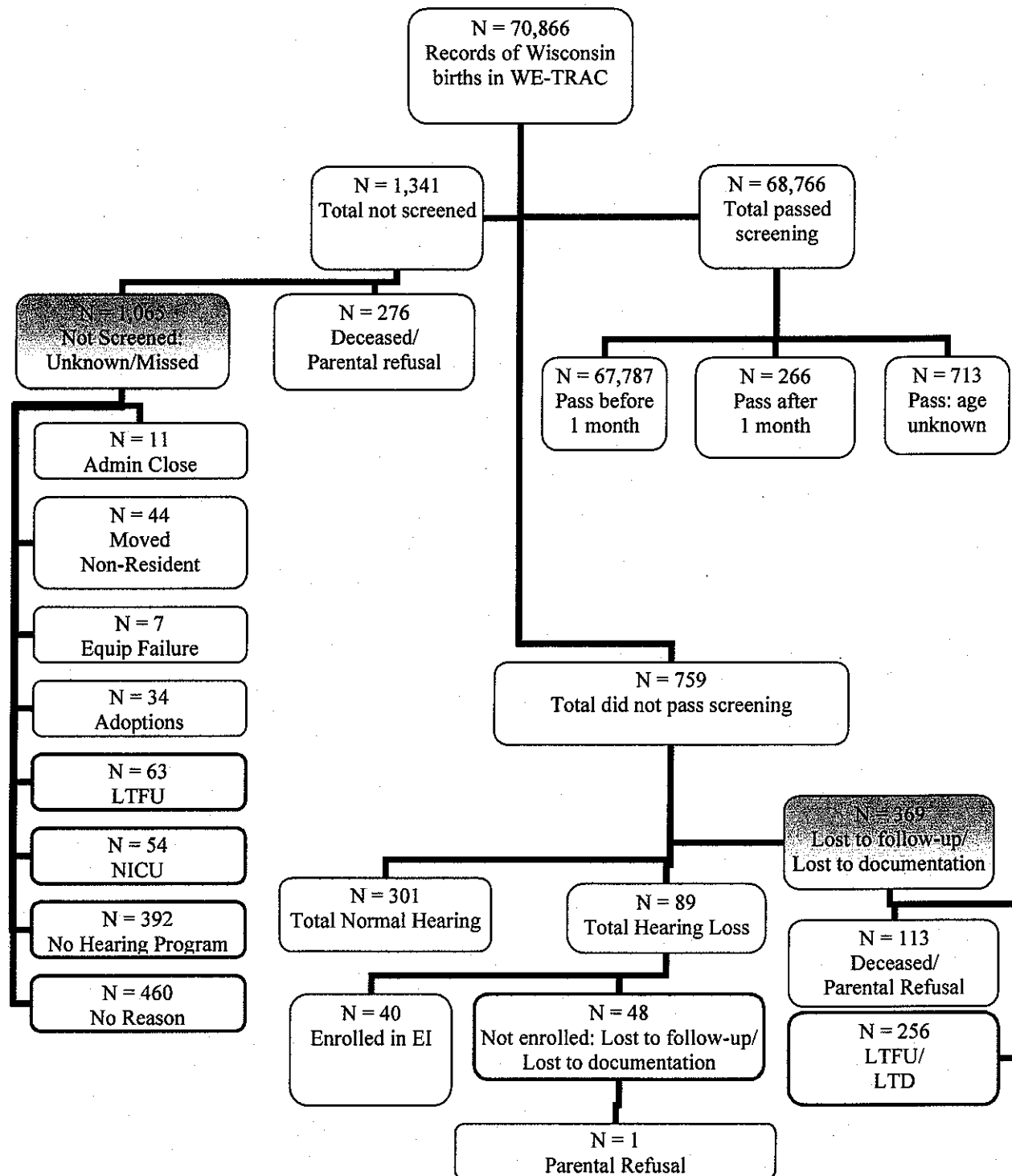
In conclusion, data demonstrate the need in Wisconsin to screen early for hearing loss, to have early diagnosis of confirmation of hearing loss, and to provide follow up referral and track these components of the state's Early Hearing Detection and Intervention program. Early screening, diagnosis, and intervention have been documented to improve quality of life for children as well as reduce lifelong medical, educational, and other societal costs.

Thank you. We would be happy to answer any questions you may have.

#### REFERENCES

1. Ross, D., Holstrum, W.J., Gaffney, M. Green, D., Oyler, R., and Gravel, J. Hearing Screening and Diagnostic Evaluation of Children with Unilateral and Mild Bilateral Hearing Loss. *Trends in Amplification*, 2008; 12; 27.
2. U.S. Preventive Services Task Force. *Universal Screening for Hearing Loss in Newborns: Clinical Summary of U.S. Preventive Services Task Force Recommendation*. AHRQ Publication No. 08-05117-EF-3, July 2008. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf08/newbornhear/newbhearsum.htm>
3. Yoshinaga-Itano C., Sedey A.L., Coulter B.A., and Mehl A.L. Language of early and later-identified children with hearing loss. *Pediatrics*. 1998; 102:1168-1171.
4. Sharma A., Gilley P.M., Dorman M.F., and Baldwin R. (2007). Deprivation-induced cortical reorganization in children with cochlear implants. *International Journal of Audiology*, 46(9), 494-9.
5. Hoffman, J., and Beauchaine, K. (2007, Feb 13). Babies with hearing loss: Steps for effective intervention. *The ASHA Leader*, 12(2), 8-9, 22-23.
6. Harrison, M., Roush, J., & Wallace, J. (2003). Trends in age of identification and intervention in infants with hearing loss. *Ear and Hearing*, 24, 89-95.
7. U.S. Preventive Services Task Force. *Universal Screening for Hearing Loss in Newborns: Clinical Summary of U.S. Preventive Services Task Force Recommendation*. AHRQ Publication No. 08-05117-EF-3, July 2008. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/uspstf08/newbornhear/newbhearsum.htm>
8. Joint Committee on Infant Hearing. (2007). Year 2007 position statement: Principles and guidelines for early hearing, detection and intervention. Available at [www.asha.org/policy](http://www.asha.org/policy).

# WISCONSIN BIRTHS 2008





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Michelle I. Mettner  
Vice President, Government Relations and Advocacy

TO: Chairman Benedict & Members of the  
Assembly Public Health Committee  
FROM: Michelle Mettner, Vice President Government Relations & Advocacy  
Children's Hospital & Health System  
DATE: December 1, 2009  
RE: AB 488

### **Testimony on AB488**

Chairman Benedict and members of the Assembly Public Health Committee, thank you for the opportunity to testify on Assembly Bill 488. My name is Michelle Mettner and I am the Vice President of Government Relations & Advocacy for Children's Hospital & Health System. Children's Hospital supports AB488 and supports an amendment from the authors regarding the reporting of the newborn hearing test results. We appreciate working with the authors of this legislation and their interest in modifying the language to address the issue we raised.

Children's Hospital of Wisconsin is the only hospital in Wisconsin dedicated solely to the care and treatment of children and one of the nation's top pediatric facilities. Founded in 1894, Children's Hospital serves children with all types of illnesses, injuries, birth defects and other disorders. We provide care to children from Wisconsin, Michigan, northern Illinois and beyond. Children's Hospital is a major teaching affiliate of the Medical College of Wisconsin and is affiliated with several schools of nursing.

With your help over the years, we have made great progress in newborn screenings. This bill is a smart addition to that list. Upon circulating this legislation among the physicians and practioners at Children's Hospital & Health System, our Chief Medical Officer heard resounding support for this legislation. We also heard unanimous feedback regarding the reporting of the test results and offer this suggested change:

The bill currently requires: *The physician, nurse—midwife, or certified professional midwife who attended the birth must also advise the parents or legal guardian of the infant of the hearing test results.*

### **Our suggestion is as follows:**

The physician, nurse—midwife, or certified professional midwife who attended the birth must ensure that the parents or legal guardian of the infant is advised of the hearing test results.

Often the hearing results are not available at the time when the physician sees the infant and therefore it is the nurse that does the notification. We believe this flexibility in reporting the test results is appropriate.

We hope you will support this modification and the vote to move this legislation forward.